

**Episcopal Church in Minnesota - Mission & Ministry Support**

**ACH Monthly Debit Request**

Church Name: \_\_\_\_\_

Church #: \_\_\_\_\_ Amount\*: \_\_\_\_\_

Church Bank Acct No: \_\_\_\_\_

Church Bank ABA/Routing No: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Effective MO/YR: \_\_\_\_\_

**To authorize the automatic debit for MMS monthly payments:**

1. Complete the information required above, attach a voided check to this form and mail to:

**Tanya Yunchyk, Missioner for Financial Resources**

**Episcopal Church in MN**

**1730 Clifton Place, Suite 201**

**Minneapolis, MN 55403**

2. To contact Tanya: Direct line: 612-870-3320 ~ email: [Tanya.y@episcopalmn.org](mailto:Tanya.y@episcopalmn.org)
3. These documents must be received by Ms. Yunchyk by the 25<sup>th</sup> day of the month to allow setup for the following month.
4. Payments will be processed no later than the 15<sup>th</sup> of each month (or closest business day).
5. Insufficient funds will result in NSF charges billed to you as incurred by ECMN.
6. By signing below, you agree to the monthly processing of your MMS payment and will notify ECMN in writing 30 days prior to discontinuing the automatic debit service.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

\*Amount subject to adjustment each calendar year.